



# Virginia Department of Corrections

## Health Services

### Operating Procedure 720.7

#### *Emergency Medical Equipment and Care*

#### **Authority:**

Directive 720, *Health Care Services*

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Incarcerated Offender

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### REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

*The content owner reviewed this operating procedure in November 2021 and determined that no changes are needed.*

*The content owner reviewed this operating procedure in October 2022 and necessary changes are being drafted.*

### COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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## DEFINITIONS

**Emergency Care/Treatment** - Treatment of an acute injury or illness that requires immediate medical attention.

**Health Authority** - The individual who functions as the administrator of the facility medical department.

**Medical Authority** - The lead facility Medical Practitioner; clinical supervision is provided by the Chief Physician.

**Safety Data Sheet (SDS)** - A document required by government regulation for hazardous chemical substances produced and/or sold in the United States. Each SDS will be in English and will contain the following information: the identity used on the label, physical and chemical characteristics (vapor, pressure flash point, and so forth), physical and health hazards, primary routes of entry for human exposure, exposure limits, precautions for safe handling and use, control measures, emergency and first aid procedures, and the chemical manufacturer's name, address, and telephone number.

## PURPOSE

The Department of Corrections (DOC) has the responsibility to ensure that incarcerated offenders have unimpeded access to health care services on a 24-hour basis. This operating procedure provides guidance for ensuring adequate emergency medical equipment is available in areas, where needed, and that each facility has provisions and resources identified for the provision of emergency medical care including transport to off-site medical facilities if needed. (2-CO-3B-02)

## PROCEDURE

- I. Emergency Medical Equipment
  - A. Each facility Unit Head is responsible for the identification, acquisition, and maintenance of necessary basic equipment to provide health care in emergency situations.
  - B. The minimum emergency medical equipment required for all facilities are:
    1. Oxygen
    2. Back board/splints
    3. Hard Cervical Collar
    4. Ambu bag with oxygen setup
    5. Portable blood pressure equipment and stethoscope
    6. Penlight
    7. Medication for treatment of burns
    8. Poison control information
    9. Automated External Defibrillator (AED)
    10. Portable Pulse Oximeter
    11. HIV PEP Kits (occupational HIV exposure guideline)
    12. Suction Machine
  - C. In addition, facilities with 24-hour nursing staff will provide the following emergency medical equipment located in a locked medication room:
    1. Emergency drug box
    2. IV solutions
  - D. First aid kits will be available in designated areas of the facility, based on need, and an AED is available for use at the facility. The Health Authority approves the contents, number, location, and procedures for the monthly inspection of all first aid kits(s) and develops written procedure for the use of the kits by nonmedical staff. (5-ACI-6B-09; 4-4390; 4-ACRS-4C-05)
    1. No medication will be placed in the first aid kit.
    2. The first aid kits should be large enough and have the proper contents for the location where the kit is to be used. All first aid kits should contain an inventory of the contents.
    3. The contents should be arranged so that the desired package can be quickly opened without unpacking the entire contents of the box.
    4. First aid kits should be protected and items should be wrapped so that unused items do not become contaminated through handling.
    5. Each vehicle used to transport offenders will be equipped with a complete first aid kit in good condition; see Operating Procedure 411.1, *Offender Transportation*.
  - E. The Health Authority or designee will make provision to inspect each first aid kit monthly in order to ensure proper stocking levels and verify that all items are current and in usable condition. Facility practice

must ensure that items are replaced when used and during periodic inspections, when necessary.

- F. The Health Authority or designee is responsible to maintain and test emergency medical equipment.
  - 1. Inspections and tests should be conducted according to the manufacturer's recommendations, except for the AED, which must be inspected weekly with the inspections documented in accordance with the *DOC Standard Treatment Guidelines - Automated External Defibrillator (AED)*.
  - 2. Equipment that is not in proper working order will be serviced and, when necessary, repaired or replaced.
  - 3. Maintenance contracts will be in place for servicing emergency medical equipment as per the manufacturer's recommendations.
- G. First aid kits and emergency medical equipment should be secured from offender access, but readily available to staff as needed.
- H. Poison control information must be readily available and easily accessible on-premises of each facility. Safety Data Sheets (SDS) should be readily available so that if a person is exposed to hazardous materials used in the facility, the chemical should be identified and the first aid recommendations listed on the SDS should be followed.

## II. Emergency Medical Care

- A. Each facility Unit Head will ensure 24-hour emergency medical services are available and that complaints are handled immediately; that adequate first aid kits and emergency medical supplies are available and perpetually inventoried; and that on-site emergency first aid, CPR, and crisis intervention is provided.
- B. Emergency medical care within available resources will be provided to all staff, visitors, offenders, and other persons on facility property. Incidents resulting in mass injuries may require implementation of facility emergency operations plans and the Incident Command System; see Operating Procedure 075.1, *Emergency Operations Plan*.
- C. Staff members are expected to take appropriate and immediate action when called upon in medical emergencies, providing care within the scope of their training.
- D. Staff training for medical emergencies is established by recognized health authorities, i.e., American Heart Association (AHA), and presented in accordance with Department of Criminal Justice Services (DCJS) and DOC requirements to cover: (4-ACRS-4C-04)
  - 1. Health care staff will be certified in AHA Basic Life Support for Healthcare Providers. All certification documentation and training records will be maintained in both the medical and the training department.
  - 2. All facility health care staff are trained in the implementation of the facility's emergency operations plans. Health care staff are included in facility emergency drills, as applicable. (5-ACI-6B-07; 4-4388)
  - 3. Other staff should be trained in CPR, first aid, and use of the AED to include: (4-ACRS-4C-04)
    - a. Signs, symptoms, and actions required in potential medical emergencies
    - b. Methods of obtaining assistance
    - c. Signs and symptoms of mental illness, cognitive impairment, and chemical dependency
    - d. Procedures for offender transports to appropriate medical facilities or health-care providers
    - e. Locations of first aid kits, AED's, and other emergency medical equipment should be communicated to all staff
- E. Designated facility staff and all health care staff are trained to respond to health-related situations within a four-minute response time. Training is conducted on an annual basis and is established by the responsible Health Authority in cooperation with the facility or program administrator and includes instruction on the following: (5-ACI-6B-08; 4-4389)
  - 1. Recognition of signs and symptoms, and knowledge of actions required in potential emergency

situations

2. Administration of basic first aid
  3. Certification in CPR in accordance with the recommendations of the certifying health organization
  4. Methods of obtaining assistance
  5. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
  6. Procedures for offender transport to appropriate medical facilities or health care providers
  7. Suicide intervention
- F. Each facility will have a written plan for access to 24-hour medical, dental, and mental health services; this plan must include the following: (5-ACI-6A-08; 4-4351; 4-ACRS-4C-03)
1. On-site emergency first aid and crisis intervention
  2. Emergency evacuation of the offender from the facility
  3. Use of emergency medical vehicle or use of local rescue squad
  4. Use of one or more designated hospital emergency rooms or other appropriate health facilities
  5. Emergency on-call or available 24-hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
  6. Security procedures providing for the immediate transport of the offender when appropriate
  7. Emergency medications, supplies, and medical equipment
- G. All staff members should be familiar with the procedures for obtaining emergency care. The names, addresses, and telephone numbers of people to be notified and the services such as ambulance and hospital to be used should be readily accessible to all appropriate staff.

### III. Offender Emergency Medical Services

- A. General guidance for response to medical emergencies and referral of offenders for emergency care:
1. Any staff at the scene will notify the medical department by radio or telephone providing the location and nature of the emergency. Staff should not broadcast names or specific information by radio.
  2. If needed, staff members at the scene should provide care within the scope of their training.
  3. Security staff at the scene should clear all offenders from the area, when possible.
  4. The responding nurse will assess the problem, notify the Medical Authority if needed, and administer treatment as indicated.
  5. Emergency procedures will be provided to minimize aggravation of the condition when moving the offender i.e., splints, backboards, or any type of equipment required.
- B. Each facility has in place a system for transporting offenders that provides timely access to services that are only available outside the facility. (5-ACI-6A-06; 4-4349)
1. This system addresses the following issues.
    - a. Prioritization of medical need
    - b. Urgency (for example, an ambulance versus a standard transport)
    - c. Use of a medical escort to accompany security staff
    - d. Transfer of medical information
    - e. The safe and timely transport of offenders for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility is the joint responsibility of the facility Unit Head and the Health Authority.
  2. Additional information on transporting offenders for medical care can be found in Operating Procedure

411.1, *Offender Transportation*, and Operating Procedure 425.2, *Hospital Security*,

- C. No offender should be transported when the facility has the means to provide adequate care for the emergency.
- a. No offender will be transported unless directed by the Medical Authority or designee.
  - b. The decision to transport by van or ambulance will be made by the Medical Authority or designee following a detailed evaluation of the problems, symptoms, complaints, and vital signs.
2. Medical Authority or designee will make the decision regarding the need for emergency transport and will notify the Shift Commander as to the type of vehicle needed for transport.
- a. If transported, the nurse in charge at the institution or other facility staff knowledgeable of the offenders medical condition will notify the receiving emergency care facility in advance of transport.
  - b. If needed, essential lifesaving measures must be instituted and the offender stabilized as much as possible before being transported.
3. The following process should be initiated by medical staff for the transport of offenders for Emergency Department (ED) care:
- a. Once the assessing nurse has determined an emergent condition, the Medical Authority or designee will be notified with a detailed report on the offender's complaint/symptoms, condition, vital signs, brief medical history, medications, any interventions provided, and immediate needs.
  - b. The Medical Authority or designee will give treatment orders and determine, if needed, the mode of transportation to the ED, van or Emergency Medical Services (EMS).
  - c. Each facility will develop guidelines for outside emergency care of offenders or have medical staff available for consultation on guidance for conditions that should be fulfilled in the medical referral or transport.
4. Transportation to the ED via EMS:
- a. A Registered Nurse (RN) will remain with the offender until care is relinquished to EMS. The RN may assign a staff member to monitor vital signs and remain with the offender going out via van as needed.
    - i. A reassessment of the injury or illness will take place every five minutes to include vital signs.
    - ii. Any intervention ordered by the Medical Authority or designee will continue with documentation of effectiveness.
    - iii. The Medical Authority or designee will be notified as additional needs are identified or condition changes.
  - b. Offenders with emergent needs will require vital signs and assessment every five minutes while awaiting the arrival of EMS.
  - c. Offenders with urgent needs who are stable will have vital signs and assessment every 15 minutes while awaiting the arrival of EMS.
  - d. Offenders in need of further assessment and treatment who are stable and require transportation via van will be assessed every 15-30 minutes depending on the condition and/or injury.
  - e. Each facility will have a process in place indicating where the nurse will hand off to EMS. The RN will remain with the offender and continue any intervention initiated until EMS takes responsibility. This includes IV's, oxygen therapy, cardiac monitoring, CPR efforts, and other interventions.
  - f. A report will be provided to the person to whom care is relinquished. This will include obtaining the name and title of the person for documentation.
  - g. A call will be placed to the ED nurse with a report of all interventions, vital signs on the exit from the facility and the condition of the offender.
  - h. The Health Authority or on-call supervisor will be notified of the emergency and off-site transportation. The Health Authority must be made aware of any problems encountered during the

incident.

5. Transportation via facility security van:
    - a. The decision to transport via facility security van will be made by the Medical Authority or designee after review of information provided.
    - b. The offender will be treated in the designated medical area and remain until a facility security van is available for transport.
    - c. The RN will complete the assessment and any interventions ordered such as dressing and/or splinting.
    - d. An assessment will be completed every 15-30 minutes with vital signs as long as the offender remains in the medical area.
    - e. Offenders will be transported to the facility security van ambulatory or by wheelchair depending on the condition and injury.
    - f. Prior to transport necessary paperwork will be prepared and sent with the transportation officers and the nurse will ensure that a report is called in to the ED.
  6. Facility health care staff will document a detailed synopsis of the emergency care provided to offenders in the offenders Health Record.
  7. Emergency medical care provided to or by other persons should be documented on *Internal Incident Reports*. Additional reporting may be required by Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
- D. Crisis intervention will be provided on site by mental health staff. After normal working hours and at facilities without a Psychology Associate; see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*, for guidance to contact an on-call Psychology Associate.

#### IV. Staff Emergency Medical Services

- A. Health care staff will render treatment and assist all staff in first aid and emergency medical situations.
  1. Any documentation of treatment provided to staff must be provided to the Human Resources Office for inclusion in the staff medical record in accordance with Operating Procedure 102.7, *Employee Records*.
  2. No duplicates may be maintained in the medical department.
  3. Additional reporting may be required by Operating Procedure 261.3, *Workers' Compensation*.
- B. Staff should be directed to personal physicians for chronic and acute requested services that are not of an emergent nature. Other than in life-threatening situations, no staff should receive over-the-counter or prescription medication from the medical department except for required immunizations.
- C. In life-threatening situations, the staff member will be transported by the designated local rescue squad or ambulance service. The medical staff will notify the hospital emergency room of the staff members medical problem.
- D. All staff will immediately notify their supervisor of injuries received on the job. Staff suffering on the job injuries should be directed to Human Resources for follow-up; see Operating Procedure 261.3, *Workers' Compensation*.

#### V. Sexual Abuse/Assault Response

- A. Access to emergency medical services
  1. Offender victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; see *DOC Nursing Evaluation Tools -Sexual Assault*. (§115.82[a], §115.282[a])



2. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders will take preliminary steps to protect the offender victim and will immediately notify the appropriate medical and mental health practitioners. (§115.82[b], §115.282[b])
  3. Offender victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (§115.82[c], §115.282[c])
  4. Treatment services will be provided to the victim without financial cost and regardless of whether the offender victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.282[d])
- B. All health care providers will be trained in the appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence. (§115.35[b], §115.235[b])
- C. At the initiation of services, medical and mental health practitioners will be required to report sexual abuse to the facility Unit Head or Administrative Duty Officer to assure separation of the offender victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality. (5-ACI-6C-14; 4-4406, §115.61[c], §115.261[c])
- D. Health Services staff will conduct an evaluation in accordance with *DOC Nursing Evaluation Tools - Sexual Assault* and the *DOC Standard Treatment Guidelines - Management of Sexual Exposure* to determine the alleged offender victim's need for immediate medical treatment, taking precautions not to destroy potential evidence.
- E. If evidentiary or medically appropriate, offender victims of sexual assault are referred under appropriate security provisions to an outside facility for treatment and gathering of evidence. (5-ACI-6C-14; 4-4406)
1. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender victim for this examination. (§115.21[c], §115.221[c])
    - a. As requested by the offender victim, a victim advocate, qualified DOC staff member, or a qualified community-based organization staff member will accompany and support the offender victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e]) A qualified DOC mental health/counseling staff member or a qualified community-based staff member must be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. (§115.21[h], §115.221[h])
    - b. With the offender victim's consent, the examination includes the collection of evidence from the offender victim, using a method approved by the appropriate authority.
      - i. A Physical Evidence Recovery Kit (PERK) is recommended.
      - ii. Although recommended that the PERK be used within 120 hours, it should be used beyond that time whenever there is a possibility of evidence remaining.
    - c. If the offender alleging assault refuses to be examined, it will be documented in the offenders Health Record and the offender will sign a *Health Services Consent to Treatment; Refusal* 720\_F3.
    - d. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency will document its efforts to provide SAFEs or SANEs.
  2. Provision is made for testing of STD's, e.g., HIV, gonorrhea, hepatitis, and other diseases, and counseling, as appropriate.
  3. Prophylactic treatment and follow-up for STD's are offered to all offender victims, as appropriate.
  4. Following the physical examination, a mental health professional will assess the need for crisis

intervention counseling and long-term follow-up; see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*. A phone call must be made to the facility Unit Head or designee to determine separation of the offender victim and their assailant.

F. Health Services staff will:

1. Document in the victims' offender Health Record all communications with the victim, as well as all actions taken.
2. Maintain complete and accurate treatment documentation for all sexual abuse or assault incidents
3. Ensure that pre and post HIV and STD counseling has been completed
4. Ensure that the emergency room report and follow-up recommendations are reviewed by the facility's Medical Authority
5. Ensure that follow-up orders are relayed to any receiving facility
6. Provide continuity of care to the alleged victim upon their return to the DOC facility

G. Ongoing medical and mental health care for sexual abuse victims and abusers

1. The facility will offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. (§115.83[a], §115.283[a])
2. The evaluation and treatment of such offender victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (§115.83[b], §115.283[b])
3. The facility will provide such offender victims with medical and mental health services consistent with the community level of care. (§115.83[c], §115.283[c])
4. Offender victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. (§115.83[d], §115.283[d])
5. If pregnancy results from the conduct described in paragraph (d) of this section, such offender victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[e], §115.283[e])
6. Offender victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. (§115.83[f], §115.283[f])
7. Treatment services will be provided to the offender victim without financial cost and regardless of whether the offender victim names the abuser or cooperates with any investigation arising out of the incident. (§115.83[g], §115.283[g])

H. See Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*, for guidance on reporting and investigating potential sexual abuse and sexual assault incidents.

## REFERENCES

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*

Operating Procedure 075.1, *Emergency Operations Plan*

Operating Procedure 102.7, *Employee Records*

Operating Procedure 261.3, *Workers' Compensation*

Operating Procedure 411.1, *Offender Transportation*

Operating Procedure 425.2, *Hospital Security*

Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*

DOC Nursing Evaluation Tools

DOC Nursing Evaluation Tools -Sexual Assault

DOC Standard Treatment Guidelines - Automated External Defibrillator (AED)

DOC Standard Treatment Guidelines - Management of Sexual Exposure

**ATTACHMENTS**

None

**FORM CITATIONS**

*Health Services Consent to Treatment; Refusal 720\_F3*